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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Paraguay

Proposed UNFPA assistance: $5.5 million, $3.0 million from regular resources and $2.5 million from multi-bilateral and/or regular resources

Programme period: 5 years (1998 - 2002)

Cycle of assistance: Fourth

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	$2.3	$2.0	$4.3
Population & development strategies	.4	.5	.9
Programme coordination & assistance	.3	-	.3
Total	3.0	2.5	5.5

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PARAGUAY

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	66.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	48.0	≥55
Access to basic health services (%)[3]	63.0	≥60
Infant mortality rate (/1000)[4]	38	≤50
Maternal mortality rate (/100,000)[5]	300.0	≤100
Gross female enrolment rate at primary level (%)[6]	86.5	≥75
Adult female literacy rate(%)[7]	88.8	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. *Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	4,828	Annual population growth rate (%)	2.59
Population in year 2000 (000)	5,496	Urban	3.90
Sex ratio (/100 females)	101.6	Rural	1.04
Per cent urban	53	Crude birth rate (/1000)	31.3
Age distribution (%)		Crude death rate (/1000)	5.4
Ages 0-14	41.6	Net migration rate (/1000)	0.0
Youth (15-24)	18.8	Total fertility rate (woman)	4.17
Ages 60+	5.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	47.8	Males	67.5
Median age (years)	19.2	Females	72.0
Population density (/sq. km.)	12	Both sexes	69.7
		GNP per capita (U.S. dollars, 1994)	1,570

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Paraguay in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $5.5 million, of which $3 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.5 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. Part of this amount may be obtained through cost-sharing arrangements with the Government. This would be UNFPA's fourth programme of assistance in Paraguay.

2. The proposed programme has been developed in accordance with the findings and recommendations of the UNFPA programme review and strategy development (PRSD) exercise that included a visit to Paraguay in March 1997. The findings and recommendations of this exercise have been fully subscribed to by the Government. It is harmonized with the programming cycles of UNDP and will be implemented in close coordination with UNICEF.

3. The main goal of the proposed programme is to contribute to the improvement of the quality of life of the people of Paraguay through better reproductive health and better management of population and other resources for sustainable development. Paraguay is classified a category "B" country under UNFPA's system of resource allocation. Thus, the proposed programme will focus on two programme areas in which the country has the greatest needs. Programme outputs will be delivered in the framework of two subprogrammes designed to ensure complementarity of programme components and coordination with other donors. The main part of the resources for the proposed programme (72 per cent) will be devoted to the reproductive health subprogramme with 55 per cent of the total going to improve services and provide contraceptives and 45 per cent for information, education and communication (IEC) and advocacy activities.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. In 1992 the population of Paraguay was 4.2 million. The United Nations estimates an annual growth rate of 2.6 per cent while national sources estimate the growth at 3.2 per cent a year. The country's population in 1995 was 4.8 million, in 2000 it is expected to exceed 5.5 million and in 2025 it is estimated to be 9.3 million. Fertility remains high at 4.2 children per woman (5.3 in the rural areas, 3.4 in urban areas and 2.8 in the capital, Asunción). Ninety-seven per cent of the population of Paraguay live in 40 per cent of the territory (the Oriental region). Asunción and its metropolitan area and three eastern urban centers contain 68 per cent of the urban population and 35 per cent of the country's total population. The urban growth rate is high -- almost three times that of rural areas (3.67 per cent and 1.37 per cent, respectively). Economic growth in the last five years has been lower than demographic growth, and both urban and rural poverty have increased dramatically. The current per capita gross domestic product (GDP) is estimated at $1,500 annually, but its distribution is highly inequitable. Peasants and small farms represent 300,000 families with only marginal contact with the market economy and precarious tenancy of the land they farm. These problems lead to social tension and sporadic unrest that could jeopardize recent advances in terms of democratization, governability and civil rights.

6. Despite the significant decline in infant mortality over the last 20 years, its level is still high (43.3 per 1,000 according to the National Statistical Office). Maternal mortality is also high at 300 per 100,000 live births, according to United Nations estimates. Utilization of prenatal care is higher among urban women (94.5 per cent) than rural women (83.9 per cent). Most childbirths (42 per cent) occur in the public health care centres, followed by births at home (40.8 per cent) and in private hospitals and clinics (13.5 per cent). Recent statistics reveal that 64 per cent of Paraguayan households lack one or more basic services (quality housing, sanitary infrastructure, access to education and nutrition).

7. Contraceptive prevalence in Paraguay has increased in the last decade, reaching half of the women of reproductive age (50.5 per cent). The urban contraceptive prevalence rate is 56.5 per cent, and in rural areas it is 45 per cent. The total fertility rate (4.17) is higher than in other countries with similar contraceptive prevalence rates. The highest levels in the use of contraceptives are of women with secondary or higher education: 64 per cent, compared to 32 per cent among women with no education. The use of traditional or unreliable contraceptive methods is very high (15 per cent). Two thirds of rural women lack access to efficient contraceptive methods. Nearly 75 per cent of contraceptive users obtain their supplies from the private sector (50 per cent buying directly from pharmacies). Although no adequate data are available, the experience of obstetrical and gynaecological hospital services reveals a high prevalence of abortion. Adolescent fertility is the highest in the region and has been increasing (109 births per 1,000 girls 15-19 per year: 82 per 1,000 for urban girls, 142 per 1,000 girls in rural areas and 256 per 1,000 for girls with 0-2 years of education).

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8. UNFPA assistance to Paraguay started in 1972, when several projects were approved. In 1978, the Governing Council approved the first programme of assistance that provided $6 million for the period 1979-1982, which was subsequently extended through the end of 1987. The second programme, 1988-1992, amounted to $3.1 million. The third programme, 1993-1997, in the amount of $5 million ($2.5 million from regular resources), will have expended $4.3 million by the end of 1997. A total of 57 per cent of the expenditures of this programme went for reproductive health activities. The preparations for and follow-up to the ICPD significantly increased the country's absorptive capacity. This is reflected in the fact that in 1995 programme expenditures reached $1.3 million while total expenditures for 1993 and 1994 had only been $1.5 million.

Proposed programme

9. The purposes of the proposed programme are to reinforce the national capacity to deliver quality reproductive health and family planning services, including helping to prevent unwanted pregnancies among adolescents, and will strengthen the Government's capacity to incorporate population issues into the country's development agenda. Activities under the proposed programme would be included in two subprogrammes: one for activities in the area of reproductive health and the other concerning population and development strategies. The proposed programme will take account of lessons learned during the previous programme and will focus on areas in which the Fund perceives that it has a comparative advantage, including developing the capacities for managing reproductive health programmes both nationally and at decentralized levels of government.

10. Reproductive health. One of the main lessons learned from past UNFPA assistance is the need to foster a supportive climate in Paraguay in favour of reproductive health and reproductive rights. The National Committee on Population that prepared the participation of Paraguay in the ICPD has substantially contributed to a greater national understanding of these issues. In 1994, the National Reproductive Health Council (NRHC) was instituted by law, and other legal and institutional measures have been taken to strengthen reproductive and sexual rights and to promote gender equity and equality. The proposed programme will assist the NRHC in building up its capacity to mobilize support from other social actors, such as parliamentarians, religious groups, the armed forces, journalists and private enterprises.

11. The proposed programme will continue to build on past experience by fostering social recognition of reproductive health problems, particularly of the needs of adolescents, by working with non-governmental organizations (NGOs) in advocating in favour of gender and reproductive health issues, supporting media coverage of problems affecting adolescents and promoting the organization of a network of journalists and communicators on reproductive health and population issues. Women's NGOs, with UNFPA's support, have played an important role in this process and also in starting to operationalize the ICPD Programme of Action. Special events organized for

parliamentarians, members of the Constitution Drafting Committee, political leaders, professional associations, and media representatives played an important role in changing perceptions, bringing about advanced gender-sensitive legislation and the constitutional recognition of reproductive and sexual rights.

12. The Ministry of Health was UNFPA's counterpart for the implementation of the reproductive health component of the last UNFPA country programme. The Ministry led the promotion of the ICPD reproductive-health concept and the adoption of a National Reproductive Health Plan (NRHP) in 1996. The law creating the National Health System, passed in 1996, transfers resources and responsibilities to decentralized layers of government and establishes district and departmental health councils. The law foresees the participation of different sectors, including women's organizations and community representatives, in the implementation of health plans. Under the law, the Ministry of Health remains responsible for developing service standards and ensuring compliance.

13. At present, the decentralization process in Paraguay is hindered by limited management capacity and by the weak understanding of the reproductive health approach at local levels. The new UNFPA programme will strengthen the national capacity to manage reproductive health programmes at both national and sub-national levels. At the national level, the Fund will assist in developing reproductive health norms and guidelines as well as regional reproductive health plans based on them. In this area, the main focus of the UNFPA country programme will be the development of human resources to improve the quality of services and to involve the community and local governments in the implementation of reproductive health plans at the district level. The programme will also support the expansion of reproductive health within the health services provided by the armed forces, which cover about 12 per cent of the country's population.

14. During the past programme cycle, UNFPA assisted in carrying out educational reforms that incorporated population education into school curricula, produced didactic materials and trained teachers. Some of these efforts have been rendered ineffective because teachers were troubled by the contents of family life and sex education courses. To encourage actual implementation of the curricula, the proposed programme will develop demonstrative experiences and additional training for communities and families in order to increase the acceptance of these themes and to make teachers more comfortable and familiar with the messages. Small initiatives developed by the past country programme in cooperation with the Ministry of Agriculture and NGOs to incorporate health education into the agricultural extension services and to develop community education proved useful as ways of reaching adolescents. Therefore, the new UNFPA country programme will expand these experiences and work with the Vice-Ministry for Youth Affairs, the Social Welfare Department of the Ministry of Health, institutions related to the Catholic Church, Secretariats for Youth Affairs at the municipal level, and youth organizations to establish interdisciplinary teams and carry out participatory educational activities designed to reach parents, teachers, local leaders and local health

and education personnel. In this effort, UNFPA will also incorporate successful experiences from other countries in Latin America.

15. Pharmacies are the main source of contraceptives supply in Paraguay (50 per cent of users). This positive role of the private sector is jeopardized by the inability of shop attendants to provide orientation on contraceptive use, and this may be associated with the frequency of method failure. The new UNFPA country programme will improve information given to clients on the use of contraceptives sold directly by pharmacies. It will also support training of salespersons on contraceptive use and counter-indications and on recognizing critical situations when medical advice should be sought. This work will start in selected urban centres and then will be replicated in other areas after proper evaluation.

16. The logistics, information and management issues associated with the distribution of contraceptives remain serious problems. Currently, UNFPA and the United States Agency for International Development (USAID) provide most of the contraceptives not commercialized through the private sector. UNFPA supplies about 17 per cent of contraceptives distributed by the Ministry of Health, while USAID, in addition to contraceptives, provides technical assistance for logistic and management information systems. UNFPA has coordinated with USAID to ensure that appropriate training is provided once the system is fully developed. The Government recognizes the need for a sustainable supply of commodities and has allocated funds to that end. The Ministry of Health has prepared budget proposals that include such supplies. The World Bank and the Interamerican Development Bank (IDB) have been requested to make provisions for contraceptive supply in the areas where their programmes are centred. Nevertheless, the next UNFPA country programme will have to provide contraceptives, in coordination with other donors, until the Government is able to take over the supply of those commodities.

17. Population and development strategies. The availability and utilization of population data have increased significantly over the last few years, but links between population and development are still inadequately understood in Paraguay. UNFPA supported the processing and analysis of the 1992 population census. Several studies carried out on demographic variables, poverty, gender, the status of indigenous populations, and population projections demonstrate that institutional capacities to produce data and undertake analysis increased during the previous programme. These studies played an important role in increasing awareness among political leaders and the civil society on the role of population trends vis-à-vis the challenges facing the country in achieving sustainable development and higher living standards. Decentralization has significantly expanded the demand for professionals with an understanding of demography and population analysis, but human resources are still insufficient to meet those needs. The UNFPA country programme will strengthen national capacity to produce and analyse population data and projections needed for the formulation of sustainable development strategies by training professionals and providing technical assistance to relevant institutions.

18. The proposed programme will also provide technical assistance to produce population projections, analysis, medium- and long-term scenarios on population and sustainable development, to introduce population contents into relevant undergraduate courses and to promote interaction among professionals of different disciplines for a better understanding of population issues. South-South cooperation will be promoted by facilitating the participation of national professionals in graduate training programmes conducted in Brazil, Chile and Argentina in the context of MERCOSUR cooperation and stimulating professional contacts between institutions and individuals from different countries in the region. Cooperation with other countries will also be sought to develop models and methodologies for the formulation of population and development scenarios.

19. Based on the past positive experiences that the Fund has had in cooperating with the National Women's Secretariat and women's NGOs, the proposed programme will continue to cooperate with these organizations in their efforts to promote better understanding of the impact of gender inequality on the well-being of the Paraguayan people, particularly in relation to the population and reproductive health issues faced by the country. These will be incorporated into a vision for Paraguay in the 21st century that will help to increase the legitimacy of population, reproductive health and gender concerns and will improve strategies to achieve sustainable development.

Programme management and coordination

20. The assistance of the World Bank, IDB, European Union and USAID is concentrated in a number of regions. Some projects follow the traditional approach of maternal and child health or focus only on certain components of reproductive health. UNFPA has conducted consultations with other donors and the general understanding is that it would not be productive to geographically fragment external assistance further. UNFPA will support the Government, and particularly the Technical Secretariat on Planning in the President's Office, to facilitate improved coordination between agencies and within the Government, thus optimizing the use of resources. UNFPA will complement other donors, focusing on increasing the capacity of communities and individuals to demand and use quality reproductive health services.

21. Within UNFPA-supported activities, the programme approach needs to be strengthened. During the 1993-1997 programme there were cases of projects implemented autonomously, without enough coordination with other components of the country programme. At the same time, technical support staff within the projects could have been used more efficiently had they been recruited to provide technical assistance across the programme rather than within the context of one individual project. Programme management and coordination will be strengthened through technical assistance in the context of a programme support project. A technical support team at the country level will enhance the Government's coordination of external assistance. It will be complemented with technical support from the UNFPA Country Support Team headquartered in Santiago, Chile.

Programme management, monitoring and evaluation

22. All activities under the proposed programme will have built-in monitoring and evaluation components, and innovative projects, in particular, will be subject to independent evaluations at appropriate stages. Programme monitoring and financial execution will be carried out according to UNFPA procedures. A programme mid-term review is planned for 2000.

23. The programme will be executed by the Government and monitored by the non-resident UNFPA Representative. Day-to-day activities will be managed by the UNFPA office in Paraguay, as part of the United Nations Resident Coordinator system, complemented by programme support staff for reproductive health and gender areas. UNFPA and the Technical Secretariat on Planning in the President's Office will participate in a Programme Coordination and Management Committee (PCMC) composed of the project directors and coordinators. A National Technical Support Team will be established, and its workplan will be determined by the PCMC and supervised by UNFPA and the Technical Secretariat on Planning. The UNFPA Country Support Team will provide technical backstopping and contribute to strengthening the NTST.

Recommendation

24. The Executive Director recommends that the Executive Board approve the programme of assistance for Paraguay as presented, in the amount of $5 million over the period 1998-2002, $3 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $2.5 million would be sought from multi-bilateral and/or other, including regular, sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.